

APR 03 2006**BOSE
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BOSE MCKINNEY & EVANS LLP**CUSTOMER NUMBER 25267**2700 First Indiana Plaza
135 North Pennsylvania Street
Indianapolis, Indiana 46204**PATENT APPLICATION**

Group: 3626

Atty. Docket: 8266-0595

Applicants: Kenneth L. Kramer et al.

Invention: REMOTE CONTROL
HOSPITAL BED

Serial No.: 09/848,941

Filed: May 2, 2001

Examiner: Martin A. Gottschalk

Certificate Under 37 C.F.R. § 1.8(a)

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Dear Sir:

Transmitted herewith is a response in the above-identified application:

The fee has been calculated as shown below:

CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	NUMBER EXTRA	RATE	FEE
TOTAL CLAIMS (37 C.F.R. 1.16(c))	4	33	0	\$50	\$0
INDEPENDENT CLAIMS (37 C.F.R. 1.16(b))	3	27	0	\$200	\$0
If applicant has small entity status under 37 C.F.R. 1.9 and 1.27, then divide total fee by 2, and enter amount here.			SMALL ENTITY TOTAL	NO	\$0
TOTAL FEE FOR ADDITIONAL CLAIMS					\$0

*If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.
If the "Highest Number Previously Paid For" in this space is less than 2, write "2" in this space.

An Extension of Time for _____ month(s) is hereby requested under
37 C.F.R. 1.136(a). The required fee for filing this extension is:

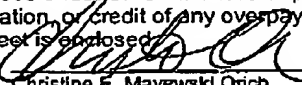
Information Disclosure Statement

TOTAL FEE FOR THIS AMENDMENT

\$0

A check in the amount of \$ _____ to cover the total fee for this
amendment is attached

The Commissioner is hereby authorized to charge any additional filing fees under 37 C.F.R. 1.16 or processing fees under 37
C.F.R. 1.17 which may be required during the prosecution of this application, or credit of any overpayment, to Bose McKinney &
Evans LLP's Deposit Account No. 02-3223. A duplicate copy of this sheet is enclosed.


Christine E. Mayewski Orlich
Reg. No. 44,987